

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-019649

DO NOT WRITE
ON THIS STUD

AMENDED

Registration District No. 118

Primary Registration District No. 5441

Registrar's No. 18

STATE FILE NUMBER

FILED JUN 5 1963

VS 300
Rev. 4/59

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY Gasconade		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Gasconade	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Third Creek Twp.		c. CITY OR TOWN Owensville	
Length of stay in 1b lifetime		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Farm Home		d. STREET ADDRESS (If outside, give location) Rural Route 2	
Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last Charles John Aufdenkamp		4. DATE OF DEATH Month Day Year May 29, 1963	
5. SEX male	6. COLOR OR RACE white	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 6-2-1876
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer (retired)		10b. KIND OF BUSINESS OR INDUSTRY farming	9. AGE (last birthday) 86
11. BIRTHPLACE (City and state or country) Owensville, Mo.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Earnest Aufdenkamp		13b. MOTHER'S MAIDEN NAME Henrietta Holtzschuh	14. NAME OF HUSBAND OR WIFE Zena Biehl Aufdenkamp
15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unknown) (If yes, give year or dates of no)		17. INFORMANT Roy Aufdenkamp Owensville, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a); (b); and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Thrombosis DUE TO (b) Hypertension DUE TO (c) Atherosclerosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last: PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH, but not related to the terminal disease condition given in PART I. (a) PART III. If deceased, was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		INTERVAL BETWEEN ONSET AND DEATH. 2 days Unknown 5 yrs.	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from 5-27-63 to 5-29-63 and last saw her alive on 5-27-63 Death occurred at 8 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Deceased or title) Renee Brenner, MD	
22b. ADDRESS Owensville, Mo.		22c. DATE SIGNED 5-29-63	
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE 6-1-1963	23c. NAME OF CEMETERY OR CREMATORY Methodist Cemetery
23d. LOCATION (City, town, or county) Woollam, Mo.		(State)	
24. FUNERAL DIRECTOR Gottenstroeter Funeral Home Owensville, Mo.		25. DATE RECD. BY LOCAL REG. June 1, 1963	
26. REGISTRAR'S SIGNATURE Mrs. Marvin Jappmyer			

(Licensed Embalmers' Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Myford H H Winter

Licensed Embalmer No. 3838

P. O. Address OWEN SULLY

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.